

CONFIDENTIAL**Voluntary Remediation Program Application**

Return
Completed
Application To:

Indiana Department of Environmental Management
Cashier-s Office IGCN-1340
100 North Senate Avenue
P.O. Box 7060
Indianapolis, IN 46207-7060
(317) 233-0604

Project Number:

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Account #: 2680-110000-421400

Pursuant to Indiana Code 13-25-5-2, this application to the Voluntary Remediation Program (VRP) will receive confidential treatment up until the Voluntary Remediation Agreement (VRA) is signed. Neither this application nor any information which comes from this application will be made available to the public until the VRA is signed. However, any material submitted to or generated by the VRP after the VRA is signed will be considered IDEM public record.

Section 1 - VRP Project Information

Voluntary Remediation Applicant
(Name to appear on the Covenant Not To Sue)

Applicant-s Billing Contact
(If Same As Applicant, Please Mark Here ())

Applicant Name:		Owner Name:	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone & Fax:		Phone & Fax:	
E-Mail:		E-Mail:	

VRP Project Name and Location

Applicant-s Technical Contact
(All Correspondence Will Be Sent to Person Identified)

Facility Name:		Company:	
Mailing Address:		Contact Person:	
City:		Mailing Address:	
Zip Code:		City, State, Zip:	
County:		Phone & Fax:	
EPA ID Number:		E-Mail:	

Applicable Facility Standard Industry Code(s) & Description(s):

SIC Number: _____

Description: _____

*Please provide information on an additional page if there are not enough spaces for entries.

Anticipated Future Facility Use:

- ☐ Residential
- ☐ Non-Residential
- ☐ Currently Undetermined

Years of Current Facility Operation:

_____ Years (Current Operation) ☐ Unknown

_____ Total years site has been in use (Current and historic)

Current Site Status

- ☐ Undergoing Property Transfer ☐ Residential
- ☐ Active Operations ☐ Commercial/Industrial
- ☐ Inactive Operations

Official State Use Only
Date Stamp

Other IDEM Offices:

Does this site have a previous history with the Voluntary Remediation Program? ☐ Yes (if yes, please attach appropriate page from Section 4)
☐ No

Is this application the result of a referral from, or under the jurisdiction of, another IDEM office?

☐ Yes (If yes, indicate which office.) ☐ No

- ☐ Brownfields Program
- ☐ RCRA / Corrective Action
- ☐ Emergency Response/ Remedial Response Program
- ☐ Leaking Underground Storage Tanks (LUST) / Underground Storage Tanks (UST)
- ☐ State Cleanup Section
- ☐ Office of Enforcement
- ☐ Office of Solid Waste (Landfills)
- ☐ Site Investigations (SI)
- ☐ Other Office: Office: _____ Incident# (if applicable) _____

IDEM Contact Name: _____ Phone #: _____

***If you checked any of the programs above, please attach appropriate pages from Section 3 in Attachment D.**

Ultimate Goal of Remediation Action

- ☐ Limited Portion(s) of the Property
- ☐ Entire Property

**Contaminant Source Size
(defined to appropriate Health Protective Levels):**

- ☐ Currently Undetermined
- ☐ less than or equal to 0.50 acre
- ☐ greater than 0.50 acre

Known or Anticipated VRP Project Hazards/Conditions:

- ☐ None ☐ Infectious Materials ☐ Radioactivity ☐ Confined Spaces ☐ Explosive Conditions
- ☐ Reactive Materials ☐ Known Off-Site Contamination ☐ Other: _____

**Project Investigation
Status:**

- ☐ None
- ☐ Ongoing
- ☐ Complete

**Project
Remediation
Status:**

- ☐ None
- ☐ Ongoing
- ☐ Complete

Site Tax Status

1. Are you applying for an Indiana State Tax Credit? ☐ Yes ☐ No
2. Are you submitting this application for the purpose of receiving a waiver of state taxes from the State Tax Commission? ☐ Yes ☐ No

**Documents Anticipated To Be Submitted for VRP
Review: (Please Check all that will apply)**

- ☐ Phase II Investigation Work Plan
- ☐ Phase II Investigation Report
- ☒ Remediation Work Plan (VRP requirement)
- ☐ Site Specific Risk Assessment
- ☒ Remediation Completion Report (VRP requirement)

Property Ownership

Do you own this property? ☐ Yes ☐ No (If no, answer next question)

If not, do you have legal access rights to this property from the property owner?

☐ Yes ☐ No

Constituents of Concern, Media and Cleanup Goals
(CHECK ALL THAT MAY APPLY)

RISC GUIDANCE

CONSTITUENTS OF CONCERN	MEDIA	Residential Default	Non-Residential Default	Nondefault	Undetermined
BTEX	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER VOCs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
PAHs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER SVOCs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
LEAD	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER METALS	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
CYANIDE	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				

*Continued on next page

Constituents of Concern, Media and Cleanup Goals
(CHECK ALL THAT MAY APPLY)
(CONTINUED)

RISC GUIDANCE

CONSTITUENTS OF CONCERN	MEDIA	Residential Default	Non-Residential Default	Nondefault	Undetermined
PCBs	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
PESTICIDES/ HERBICIDES	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
PETROLEUM	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				
OTHER	Surface Soils				
	Subsurface Soils				
	Groundwater				
	Sediments				

Local Drinking Water Supply: <div> <div>Surface</div> <div>Groundwater</div> </div> <div> Municipal <input type="checkbox"/> Private/Residential <input type="checkbox"/> </div>	Local Drinking Water Supply Distance From Facility: <div> <div>_____ Feet</div> <div>_____ Mile(s)</div> </div> Is the site in a designated Wellhead Protection Area? <input type="checkbox"/> Yes <input type="checkbox"/> No
Local Surface Water Bodies Near Facility: (check closest) <input type="checkbox"/> Wetland(s) <input type="checkbox"/> Stream(s) <input type="checkbox"/> River(s) <input type="checkbox"/> Lake(s) <input type="checkbox"/> Pond(s)	Local Surface Water Bodies Distance From Facility: <div> <div>_____ Feet</div> <div>_____ Mile(s)</div> </div>

On- site Water Supply and Usage: <input type="checkbox"/> Well(s) - <input type="checkbox"/> Drinking <input type="checkbox"/> Production <input type="checkbox"/> Both <input type="checkbox"/> Municipal - <input type="checkbox"/> Drinking <input type="checkbox"/> Production <input type="checkbox"/> Both	Site Specific Depth to Groundwater: <div> <div>_____ feet</div> <div><input type="checkbox"/> Currently Unknown</div> </div> Site Specific Principal Groundwater Flow Direction: <input type="checkbox"/> Unknown <input type="checkbox"/> NW <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W
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Chronological Summary and Conclusions:

Facility Operational History:

Past Spill History (If no incidents have occurred, please mark here ()):

Geologic Information:

Hydrogeologic Information:

Off-Site Migration & Pathways (if not impacted, please mark here ()); if unknown please mark here ()):

Miscellaneous Environmental Information:

☐ Previous Facility Study (please include Title, Author & Date): _____

☐ Other (please include Title, Author, and Date): _____

☐ U.S. Geological Survey ☐ State Reports ☐ Soil Conservation Service ☐ Past Voluntary Site Specific Data Collection
☐ Regulatory Reporting ☐ Other Governmental Agencies ☐ Other: _____

Do the conditions regarding hazardous substances or petroleum, as described in this application, constitute an imminent or substantial threat to human health or the environment? If so, please explain below: ☐ No ☐ Yes

Section 2 - Statement of Certification

Pursuant to Indiana Code 13-25-5-2, your application to the Voluntary Remediation Program (VRP) will be confidential until the Voluntary Remediation Agreement (VRA) is signed. At that time, the application will become public information. Any material submitted to or generated by the VRP after the issuance of the VRA will also be considered IDEM public record.

I, _____, do hereby attest and certify that the information included herein is, to the best
(Print or Type Name of Applicant)

of my knowledge and belief, accurate and complete.

Signature of Applicant

Date

Attachment Information:

This application **will not** be considered complete, and may be rejected, unless the following Attachments are included:

Attachment A: Please attach a *detailed* site map illustrating identified area(s) targeted for VRP efforts. For an explanation of a detailed site map, please see Attachment A instructions.

Attachment B: Provide a clean copy (without company headers, footers, or watermarks) of the legal description of the entire facility. If a portion of the facility is slated for remediation, then the area must be identified on an appropriate site map(s) and that area's legal description will have to be provided in either written or digital format (please include the facility street address, township, range, section, direction lines, distances, etc...). A professional survey or GPS collected UTM coordinates of the area can also be provided as supplemental information, or if currently not available, program participants must supply it in the Completion Report at the end of the project. This information will be reflected in the Certificate of Completion and Covenant Not to Sue.

Attachment C: Please check Application Form Instructions and provide the pertinent Facility Universal Transverse Mercator (UTM) coordinates information and include as Attachment C.

Attachment D: Additional pages from Section 3 (if applicable).

Section 3- Application Attachment Pages**CO-APPLICANT ATTACHMENT**

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Section 1 - VRP Facility Declarations

Voluntary Remediation Applicant
(Name to appear on the Covenant Not To Sue)

Applicant-s Billing Contact
(If Same As Applicant, Please Mark Here ())

Applicant Name:		Owner Name:	
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone & Fax:		Phone & Fax:	
E-Mail:		E-Mail:	

VRP Project Name and Location

Applicant-s Technical Contact
(All Correspondence Will Be Sent to Person Identified)

Facility Name:		Company:	
Mailing Address:		Contact Person:	
City:		Mailing Address:	
Zip Code:		City, State, Zip:	
County:		Phone & Fax:	
EPA ID Number:		E-Mail:	

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I, _____, do hereby attest and certify that the information included herein is, to the best
(Print or Type Name of Applicant)

of my knowledge and belief, accurate and complete.

Signature of Applicant

Date

VOLUNTARY REMEDIATION PROGRAM

1. Does this site currently have any other VRP applications submitted/approved for this same site?

☐ Yes

☐ No

If yes, VRP Project Number(s)_____

VRP Project Manager(s):_____

2. Was this site the subject of a VRP project at anytime in the past? ☐ Yes ☐ No

If yes, VRP Project Number(s)_____

VRP Project Manager(s):_____

3. Please provide details below explaining why another application for this same site is/was necessary.

BROWNFIELDS PROGRAM

1. Is this site currently in IDEM-s Brownfields Program? ☐ Yes ☐ No
2. Has this site previously been in IDEM-s Brownfields Program ☐ Yes ☐ No
3. Is this Brownfields site to be addressed in the VRP? ☐ Yes ☐ No
4. If this site is to be addressed in the VRP, has the Brownfields Project Manager been notified in writing?
 ☐ Yes (if yes, please attach copy of the letter) ☐ No
5. Is this site going to make use of Brownfields money (grants, loans, assessment money, etc.)? ☐ Yes ☐ No
6. What is the Brownfield Project Number (if applicable)? _____
7. Who is the IDEM contact person and their phone number?
 IDEM Contact: _____
 Phone Number: _____
8. Please provide summary of the Brownfields issues below. (If applicable)

RCRA / CORRECTIVE ACTION

1. Are you interested in addressing RCRA Corrective Action Requirements for this source area through this VRP Project? ☐ Yes ☐ No

2. Has the RCRA Corrective Action Project Manager been notified in writing that a VRP application has been submitted to address this contamination? ☐ Yes ☐ No

3. What is the facility EPA ID number _____

4. What is the date of Notification of Hazardous Waste Activity? _____

5. Have you submitted a RCRA Part A application for Interim Status? ☐ Yes ☐ No

 If Yes, date: _____

6. Have you lost Interim Status or gone through an EPA Policy 121 closure for Mistaken and Protective Filings? ☐ Yes ☐ No

 If Yes, please attach a copy of the letter.

7. Does this facility have a RCRA Part B Operating Permit? ☐ Yes ☐ No

 If Yes, date issued: _____

 Expiration Date: _____

8. Have any permitted units undergone closure? ☐ Yes ☐ No

 Were those units cleaned closed? ☐ Yes ☐ No

 Were any land-based units closed in place? ☐ Yes ☐ No

 If Yes, check all boxes that are applicable:

☐ Lined (describe type of liner-_____)

☐ Unlined

☐ Capped (describe type of cap-_____)

☐ Not Capped

9. Is this facility currently under any enforcement action, Agreed Order, Commissioner-s Order, or any other type of required action by any government agency? ☐ Yes (if Yes, describe below) ☐ No

EMERGENCY RESPONSE / REMEDIAL RESPONSE PROGRAM

1. Has this spill / release been reported to IDEM? ☐ Yes ☐ No

If yes, what is the Spill Incident Number(s): _____

IDEM contact person(s): _____

Contact-s phone number: _____

2. Is this spill / release to be addressed in the VRP? ☐ Yes ☐ No

3. Has the IDEM contact person been notified in writing that this spill / release will be addressed in the VRP?

☐ Yes (if yes, please attach copy of the letter) ☐ No

4. If this spill / release is to be addressed in the VRP, please provide a summary of the spill / release below.

LEAKING UNDERGROUND STORAGE TANKS (LUST) & UNDERGROUND STORAGE TANKS (UST)

1. Is the UST(s) the source of the contamination to be addressed as part of the VRP? ☐ Yes ☐ No

2. Did / Does the UST contain petroleum products? ☐ Yes ☐ No

3. Is the UST regulated? ☐ Yes ☐ No

4. Has the regulated UST been registered with IDEM? ☐ Yes ☐ No ☐ N/A

 If yes, indicate the UST Facility I.D. Number: _____

5. Has a UST petroleum release ever been reported to IDEM? ☐ Yes ☐ No ☐ N/A

 If yes, indicate the LUST Incident Number: _____

6. Has the LUST section been notified in writing that you are applying to the VRP?

☐ Yes (if yes, please attach copy of the letter) ☐ No

7. Do you intend to apply for Excess Liability Trust Fund (ELTF) reimbursement with respect to this cleanup?

☐ Yes ☐ No ☐ N/A

8. If you have already applied for ELTF reimbursement, indicate ELTF number. _____

9. Please provide a summary of the site issues to be addressed below:

STATE CLEANUP SECTION

1. Is this site under an Agreed Order or Commissioner Order with IDEM? ☐ Yes ☐ No
2. What is the State Cleanup Project I.D. Number? _____
3. Is this State Cleanup site to be addressed in the VRP? ☐ Yes ☐ No
4. If this site is to be addressed in the VRP, has the State Cleanup Project Manager been notified in writing?
 ☐ Yes (if yes, please attach copy of the letter) ☐ No
5. Who is the State Cleanup Project Manager and what is their phone number?

Project Manager: _____

Phone Number: _____

6. Provide a summary of the site issues below.

OFFICE OF ENFORCEMENT (OE)

1. Is the site / facility that is subject to enforcement to be addressed in the VRP?

☐ Yes

☐ No (if No, skip all other questions on this page)

2. Is the site under any of the following types of enforcement:

Formal

Informal

☐ Notice of Violation

☐ Violation Letter

☐ Agreed Order

☐ Commissioner-s Order

3. What is the Case Number(s)? _____

4. Who is the OE contact person and what is their phone number?

Contact Name: _____

Phone Number: _____

5. If this enforcement site is to be addressed in the VRP, has the OE contact person been notified in writing?

☐ Yes (if yes, please attach copy of the letter)

☐ No

6. Provide a summary of the site issues to be addressed below.

OFFICE OF SOLID WASTE (LANDFILLS)

1. Is this a solid waste landfill Site? ☐ Yes ☐ No (If No, skip to question #7)
2. Is this landfill active? ☐ Yes ☐ No
 If Yes, what year did the landfill begin accepting waste? _____
3. Is this landfill inactive? ☐ Yes ☐ No
 If Yes, what year did the landfill begin accepting waste? _____
 If Yes, what year did the landfill cease accepting waste? _____
4. Is the landfill lined? ☐ Yes ☐ No
 If Yes, what type of liner does it have? _____
5. Is the landfill capped? ☐ Yes ☐ No
 If Yes, what material(s) is the cap constructed of? _____
6. Were hazardous or petroleum constituents placed into the landfill at any time? ☐ Yes ☐ No
7. What type of solid waste site is it and what does it contain? _____

8. Is this a solid waste permitted facility? ☐ Yes (If Yes, provide following information) ☐ No
 What is the facility ID #: _____
 Permit Type: _____
 Permit #: _____
 Date Issued: _____
 Date it expires: _____
 IDEM Solid Waste Contact (Name and Phone #) _____
9. Is this facility being required to conduct a cleanup by or under an enforcement action with any government agency? ☐ Yes ☐ No
 If Yes, provide details:

10. Has the solid waste contact person been notified in writing that a VRP application for this facility has been submitted?
 ☐ Yes (If Yes, attach a copy of this letter) ☐ No

SITE INVESTIGATIONS (SI)

1. Is this site currently in IDEM's Site Investigation Program? ☐ Yes ☐ No
2. Has this site previously been in IDEM's Site Investigation Program? ☐ Yes ☐ No
3. Is this Site Investigation issue to be addressed in VRP? ☐ Yes ☐ No
4. If this site is to be addressed in the VRP, has the Site Investigation Project Manager been notified in writing? ☐ Yes (if yes, please attach copy of the letter) ☐ No
5. What is the EPA ID Number for this site (if applicable)? _____
6. What is the name and address of this site?

7. Who is the IDEM contact person and their phone number?

IDEM Contact: _____

IDEM Number: _____

8. Please provide summary of the Site Investigation issues below. (If applicable)
